

7002 0860 0000 3408 6577

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Case 1:01-mc-00035-SJD-TSH

Document 4-2

Filed 06/15/2004

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To	Christopher J. Walsh
Street, Apt. No.; or PO Box No.	
City, State, ZIP+4	

PS Form 3800, April 2002

See Reverse for Instructions